



Significant Change Impact Story

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North West Paediatric Allergy and Infection Operational Delivery Network

Building a clinically and parent-led network to deliver high quality and cost-effective services to local people

Background

As part of a series profiling networks in the field of health and care, this Source4Networks significant change impact story describes the journey of the Future-Focused Finance Network and the learning that network leaders can take from its experiences.

“Healthy and open debate is a sign of a healthy network.”

Suzanne Dixon



These stories are being developed by NHS England’s Sustainable Improvement team based on the experiences of a rich mix of system leaders from a wide range of sectors all committed to and involved in providing health and care services.

The stories will be based on the Most Significant Change methodology (Dart and Davies 2003). This is a qualitative evaluation method that involves the collection and systematic selection of stories of significant

change from the field, and an exploration of the significance of the change they represent. They will give you a quick and personal insight into networks’ stories and key learning points. This story is based on interviews with Suzanne Dixon, Network Manager for the North West Paediatric Allergy and Infection Operational Delivery Network.

About the network

The North West Paediatric Allergy Network brings together families, charities, healthcare professionals, commissioners (specialist and local) and Public Health England to deliver cost effective, high quality, comprehensive, equitable, integrated and safe services, as local to patient populations as possible for all children/young people that need care for allergy and infectious diseases. It has three main workstreams: allergy, infection and tuberculosis. This impact story focuses on the allergy workstream.

The network developed as part of the response to a House of Lords Science & Technology Committee Report 2007, which made a series of recommendations on the reform of allergy services across the country. In 2014 the three streams were brought together, and

the network was formally recognised as the North West Paediatric Allergy and Infection Operational Delivery Network - hosted by Central Manchester University NHS Foundation Trust.

What does the network aim to do?

The North West is the third largest region and is home to seven million people, or one eighth of the UK population. There are 1.4 million children in the region and it is estimated that allergy affects at least a quarter of all children living in the North West.

The network is a pioneering collaboration by health care professionals, set up to achieve equitable, accessible and responsive care for children with allergies, as locally as possible.

The network aims to:

- Provide expert treatment for children and families with allergies
- Streamline allergy management pathways based on the latest evidence
- Educate primary and secondary care non-specialist doctors, nurses, dietitians within the region
- Develop new allergy paradigms
- Support allergy patient groups in the community.

The network is achieving this by developing a network-wide approach to the delivery of sustainable accessible specialist services for paediatric allergy in a limited number of appropriately designated centres. The proposed service and clinical model provided by these centres is integrated with primary, secondary and other providers within a networked arrangement.

Who is involved in the network?

Recognising the wide range of people involved in allergy work, the network has brought peers together and has been clinically and parent-led. The network combines the clinical expertise of paediatricians, GPs, dietitians and nurses from centres throughout the North West who specialise in allergy, working alongside patient representation, managers and project support officers.

Over time, the network has evolved, identifying the skills it needs and adding members as required. It has broadened its focus from initially focussing on secondary and tertiary care and is now extending out to primary and community care.

Importantly, the network also has involvement from a number of charity organisations, and patient representatives who lead work programmes and engage with service users.

Which projects has the network been working on?

The network has been working on a number of key projects:

- Future Hospital Programme – co-ordinated by the Royal College of Physicians, the aim of this project is to educate and empower primary care clinicians to effectively manage children with milk and nut allergies in the community, avoiding the need for frequent hospital reviews for the majority of patients.
- Clinical workload and interventions - in conjunction with colleagues at the University of Manchester, this project has developed an electronic system that is readily accessible in a dashboard format.

The network has also worked to develop a website to share its resources to both families and healthcare professionals:

<http://allergynorthwest.nhs.uk>

How do the network members connect with each other?

The network meets formally four times a year to share knowledge and expertise. Away from these network-wide meetings, members also meet in sub-groups and at educational events, through email and other electronic platforms.

There is also a large amount of informal networking within the group. Members often meet up outside of work and discuss ideas and solutions, and link up via email, phone, text message or virtual meetings.

The network has also started to explore social media for interactions especially with families.

What has been the most significant learning from the network?

Connecting people has been key – taking a whole-system approach and not doing things in isolation, extending the membership as much as possible. This has saved time, reducing repeated work and allowing people to get the same information wherever they go, i.e. to a GP or to a hospital.

The network is a great way to encourage dialogue, having open discussions – with families, with charities, with patient representatives and with clinicians. In this way, people express their concerns, their challenges and their successes together, and this has been the great achievement of the network over the last 12 months.

Network leaders have learnt over time that members' values are more or less the same, but people have different environments and priorities. It's been important to recognise this and to appeal to the commonality in people's values.

“ ‘Lurkers’ are good for the network - people who may not make regular contributions but may nevertheless add value and share in other areas of work.”

Suzanne Dixon

What improvement or change came about as a result of the network's learning?

One key example is that of children with an allergy to cow's milk protein. One of the greatest challenges for children and families has been gaining access to a dietician and getting peer support. The network members have set up group dietetic sessions, bringing together children and families affected by the same conditions and who need the same information, so people can get the information they need and develop peer networks. This provision is now being developed across the network.

Previously, there have been great challenges with diagnosing children with a cow's milk protein allergy. Often it is difficult for clinicians to access existing diagnostic guidelines. The network has taken clinical guidelines and made them available on the primary care patient record system, taking GPs or health visitors through the diagnostic and review process. This has been an invaluable part of not only keeping records for audit purposes, but making those

guidelines available when they are needed. This has only been possible by bringing together a multitude of professionals and families.

What tools/resources have you used?

Source4Networks has a plethora of materials all in one place, especially in helping the network to demonstrate its impact. It's also provided a great opportunity to link up and make some connections with other colleagues – the community is fantastic.

The network has used a number of other tools and resources including:

- Supporting economies to draw together clinical guidelines, which have consensus from the entire North West Allergy Community
- Development of a dashboard, where key clinical information on outpatient attendances is recorded and viewed by each service and at a network level
- Templates that can be used by GP and community services as infants present with a potential allergy to cow's milk protein allergy, or for annual review of an adrenaline auto injector system (electronic GP records)
- A tool that takes GP through presentation
- A range of tools to support services to engage with families
- Supporting implementation of group dietetic sessions.

What are the key messages you'd like to share in relation to this work?

1. Working hand-in-hand with families and clinicians is the only way to develop and deliver personalised and effective care
2. Healthy and open debate is a sign of an effective network

3. Being able to assess and illustrate the impact of a network is important
4. Take the network to new members, especially those who you need to engage with
5. 'Lurkers' in networks are good – they still have a valuable contribution to make.

In further developing my understanding of the impact of the network, collaboration with other networks leaders and tool such as the Maturity Matrix important mediums.

Contact and support

If you would like more information on the network specifically, please contact Suzanne Dixon at suzanne.dixon@mft.nhs.uk

For more information on this series of impact stories, please contact enquiries@source4networks.org.uk

Source4Networks – www.source4networks.org.uk – provides a platform for network leaders and those leading, or aspiring to lead, networks to connect with each other and benefit from each other's experience in order to strengthen the effectiveness and impact of their networks, and to spread innovation and good practice. In particular the platform provides access to key diagnostic tools to help evaluate the effectiveness of networks and their impact and value.